

sphenoidal lobe. The point on the skull selected was one and one-fourth inches behind, and one and one-fourth inches above the external meatus. This point, it was shown by dissections on the cadaver, is situated directly over the posterior part of the middle temporo-sphenoidal convolution. On exposing the brain, nothing abnormal was noticed. An aspirator needle (size of No. 4 catheter) was accordingly thrust into the convolution inwards, downwards, and forward; at a distance of about half an inch from surface a pus cavity was struck; nearly an ounce of intensely fetid pus was withdrawn. The lobe in the brain was enlarged by scraping away the cortex with a Volckmann's spoon, and a silver drainage tube inserted. The cavity was afterwards frequently washed out. Recovery followed. No mention is made of any mental impairment following the operation.

Dr. Barker makes some practical comments upon the operation. He adds that he thinks this the first case of abscess due to tympanic suppuration which has been correctly diagnosed, localized, and evacuated by operation with success. In this case the risks of the operation were enormously enhanced by the intense foulness of the whole suppurative process.

Hyoscine Hydrobromate as an Hypnotic in Private Practice.—Drs. Francis L. and John R. Haynes contribute to the *Therapeutic Gazette* (September 15th, 1886) the results of their carefully recorded observations. The paper is based on the administration of 338 doses of hyoscine to 57 persons.

Notes are given of all the cases, which are divided into three classes.

Those in which hyoscine caused, I., sleep; II., delirium; and III., neither sleep nor delirium, but either no effect or various symptoms. The first class, 15 cases; the second, 13; and the third, 29.

The authors say, in some instances, little or no effect was noticed after hyoscine, but generally one or more of the following symptoms occurred.

1. Delirium, rambling, or muttering, with hallucinations of vision resulting in attempts to grasp imaginary objects.
2. Sleep, sometimes apparently natural, sometimes disturbed.
3. Intense reddening of the whole face, with sensations of heat affecting the whole body. It was not determined whether there was an actual elevation of temperature in such cases as in belladonna poisoning.
4. Muscular weakness, sometimes extreme.
5. Headache.
6. Dryness of throat and mouth.
7. Dilatation of pupil, with blurred vision.

The most remarkable variation was noted in the symptoms in different individuals, and sometimes in the same individual. Thus equal doses were given to two women under very similar

circumstances : one was poisoned ; the other fell into a pleasant sleep. In one case $\frac{1}{100}$ gr. was followed by sleep, while gr. $\frac{1}{8}$ produced delirium. In another, gr. $\frac{1}{100}$ produced delirium ; and a larger dose, $\frac{1}{8}$ gr., was followed by sleep.

The authors consider hyoscine extremely unreliable as a hypnotic, and that it should not be used in general practice, except in cases in which other hypnotics have failed. M. PRINCE.

The Ætiology and Treatment of Migraine. By PROF. A. EULENBURG. Reprint from *Wiener Med. Presse*, 1887.

The author discusses the various theories that have been propounded of late years regarding the ætiology of migraine; he is not thoroughly pleased with any one explanation, least of all with the *reflex* theories. He grants that there may be a kinship between epilepsy and migraine, but granting this, the gain is not a great one until we know more about epilepsy. The author is of the opinion that it will be best to regard hemicrania as a vasomotor affection of the sympathetic nervous system, and to this we believe the majority of authors will at present agree. The remarks on the ætiology of the single attack are of greater interest. The attack is brought on by sudden variations in the endocranial blood-supply, the dilatation or contraction of the blood-vessels of the cerebral membranes producing irritation of the trigeminal filaments in the pia and dura mater. Those individuals would therefore be most likely to suffer from migraine who, by reason of some congenital defect, were either subject to sudden changes in the cerebral blood-supply, or had an unusually irritable trigeminal nerve, or were subject to both conditions. To prove this theory, Eulenburg has hit upon the ingenious theory of measuring the resistance of the two sides of the head, and he finds that, as a rule, the resistance is greater on the side of the migraine, particularly in the spastic form of migraine. Diminution of blood-supply accounts for increased resistance. (All this is in such striking accord with the theory here laid down that we are curious to know whether, and hope that, these facts and conclusions will receive further substantiation. Electrical resistance is chiefly a matter of the skin; the question arises : Does pallor of the skin imply anæmia of the membranes; redness of the skin, hyperæmia of the membranes ?)

The remarks on treatment have reference to recent suggestions. Massage—tapotement, effleurage, and more specially the use of the percuteur—is viewed with favor for the cure of a single attack. In the way of constitutional treatment, Eulenburg advises following out the principles laid down by Oertel, more specially in cases in which there is some marked circulatory disturbance. The writer also urges the use of salicylate of soda and antipyrin, the latter in fifteen-grain doses, to be repeated after an hour in the initial stage of an attack. (The present writer has tried antipyrin in a few cases of migraine and in typical trigeminal neuralgia, but for the